

PUBLIC VOUCHER FOR PURCHASES, ID
Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040199-3
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. _____ COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

Encl # 12
DPP-1226-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$10,986.	15
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		\$10,986.	15

PAYMENT:
Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)

Date 2-3-59 *Payee _____
Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or recollated in the name of a company or corporation, the name of the person writing the company or corporate name, and the name of the person signing, must be written in full. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

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STATOTHR

1081
Pay
DATE 1/24/59

ACCOUNTS PAYABLE

WEEKLY DISTR THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

BATCH			INVOICE		PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	# of Elements	F.O.B.	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER			Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.O.	
99	01	20	59				10	25	3744			1	53	25	00	00	12501	2032	58	3125-
99	01	20	59				10	25	3744			8	58	25	00	00	12501	2032	58	3125
44	01	19	59	14425	587		01	20	351			1	50	25	00	00	12501	2032	58	30500
71	01	23	59	1192	2795		01	29	1763			1	50	25	00	00	12501	2032	58	6300
																				36800
																				36800
																				*

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DATE 1/24/59

WEEKLY DISTR

ACCOUNTS PAYABLE

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

BATCH			INVOICE		PURCHASE		CHECK		PAYMENT		Vendor		GROSS		DISCOUNT		Tax		TR		CODE		COST		Account		M.J.O.		S.O.		Work Order		NET AMOUNT			
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number	Mo.	Day	Number
74	01	23	59	8286	1947		01	30	268																										6120	
76	01	23	59	2307	2763		02	10	171																									25500		
99	01	22	59	4461	2215		10	20	374																									140		
54	01	20	59	2164	4106		02	06	331																									10500		
60	01	20	59	6720	2218		01	22	313																									38222		
72	01	23	59	6582	2034		01	30	233																									19500		
72	01	23	59	663	2046		01	30	622																									12900		
																																				11164
																																				53198
																																				53198

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ACCOUNTS PAYABLE

DATE 1/24/59

WEEKLY DISTR

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 860

BATCH										INVOICE		PURCHASE		CHECK		PAYMENT		Vendor		GROSS		DISCOUNT		COST CENTER						CHARGE DISTRIBUTION				NET AMOUNT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
No.			Mo.		Day		Yr.		NUMBER		ORDER		NUMBER		Mo.		Day		Number		AMOUNT				Fid		Class		Cost		Element		CODE		Maj.		Int.		Sub.		Account		M.J.O.		S.O.		Work Order																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
49	01	20	59	935930	45158	01	29	264																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

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1/24/59

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BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	COST CENTER				CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day				Maj.	Int.	Sub.	Account	M.J.O.	S.O.	Work Order	
93	01	20	99	87978	304		12	58	136										4500
33	01	20	99	8020	4110		01	21	173										12750
54	01	20	99	3014	2780		02	09	161										9500
57	01	20	99	5667	42614		02	06	90										19162
57	01	20	99	574259	55		01	22	90										32456
57	01	20	99	592859	55		01	22	90										12456
																			62272
																			63373
																			67512

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